## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correcte maintenance fee notificate	ed below or directed oth	ig the Patent, advance or lerwise in Block 1, by (a	ders and notification of a specifying a new corre	maintenance fees wi spondence address;	II be mail and/or (b)	led to the current indicating a sepa	correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				(s) Transmittal. This	certificate	e cannot be used for	r domestic mailings of the or any other accompanying nt or formal drawing, must
20792	7590 09/15/	/2006	••••			Mailing or Transı	
MYERS BIGE PO BOX 37428 RALEIGH, NC	L SIBLEY & SAJ 27627	OVEC	I he Stat add tran	ereby certify that this	Fee(s) T	ransmittal is being	deposited with the United t class mail in an envelope above, or being facsimile te indicated below.
							(Depositor's name)
							(Signature)
			· L				(Date)
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/721,036 11/21/2003			Jakob Saxtorph		56	6643	
			HAVING ADVANCED SI	· · · · · · · · · · · · · · · · · · ·			
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE T	OTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0 •		\$1400	12/15/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS	j			
MCLEAN MAYO, KIMBERLY N 2187  1. Change of correspondence address or indication of "Fee Address" (3)			711-108000				
CFR 1.363).  Change of correspondence address (or Change of Correspondent Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custon Number is required.			(1) the names of up to or agents OR, alternation (2) the name of a sing registered attorney or	a single firm (having as a member a ney or agent) and the names of up to cut attorneys or agents. If no name is			
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	pe)			
PLEASE NOTE: Unl recordation as set fort	less an assignee is ident h in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	data will appear on the p T a substitute for filing an	oatent. If an assigne assignment.	e is ident	ified below, the de	ocument has been filed for
(A) NAME OF ASSIG			(B) RESIDENCE: (CIT	=			
Integrated	Device Techno	ology, Inc.	San Jose, (	California			
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🔽 Co	rporation (	or other private gro	oup entity
4a. The following fee(s)	are submitted:	41	b. Payment of Fee(s): (Ple	ase first reapply an	y previou	sly paid issue fee	shown above)
Issue Fee	No small entity discount p	ocrmitted)	A check is enclosed.	rd Form PTO-2038	ie attacha	.d	
Advance Order -			Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0220 (enclose an extra copy of this form).				
5. Change in Entity Sta	tus (from status indicates	d above)	overpayment, to Dep	osit Account Ivambe	30 0.	CHOISE A	i extra copy of this form).
a. Applicant claim	s SMALL ENTITY state	is. See 37 CFR 1.27.	b. Applicant is no lor				,
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if requeecords of the United Sta	uired) will not be accepte tes Patent and Trademark	d from anyone other than office.	the applicant: a regis	tered atto	mey or agent; or th	e assignee or other party in
Authorized Signature	545			Date Nov	vember	8, 2006	
Typed or printed nam	eGrant	J. Scott	Port II a de company	Registration N	o <b>36</b>	,925	
This collection of inform an application. Confiden submitting the complete	nation is required by 37 C tiality is between by 35 d application form to the	CFR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary	on is required to obtain or 1.14. This collection is es	retain a benefit by the stimated to take 12 n vidual case. Any column LLS Patent	ne public voluments of	which is to file (and complete, including the amount of the conference of the confer	by the USPTO to process) g gathering, preparing, and ne you require to complete

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.